

Titre: Comment mieux appréhender la problématique du suicide en combinant les sources de données

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Introduction : La problématique du suicide est très souvent abordée par l'étude de la mortalité par suicide. Les données concernant les tentatives de suicide et les idées suicidaires sont plus rarement associées aux mesures de la mortalité pour évaluer de l'ampleur de la problématique.

Objectif : Montrer l'intérêt et la faisabilité d'utiliser des sources d'informations complémentaires pour appréhender la problématique du suicide dans ses divers aspects.

Méthodologie : Des données relatives à la mortalité par suicide, aux tentatives de suicides et aux idées suicidaire ont été recueillies via différentes sources d'information : données de mortalité (DGSIE), données sur les tentatives de suicide (enquête nationale de santé et SMUR), idées suicidaires (enquête nationale de santé et centres de télé accueil).

Une même grille d'analyse (analyse par âge, sexe et lieu de résidence) a été appliquée aux données de chaque source afin de comparer les profils des personnes qui se sont suicidées, on fait une tentative de suicide ou ont eu des idées suicidaires, et de décrire l'évolution de ces profils dans le temps.

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Improving public attitudes toward depression and help-seeking in four European countries: results of the OSPI-Europe intervention

Coppens, Evelien; Van Audenhove, Chantal; and the OSPI consortium

Background

Stigmatizing attitudes toward depression and toward help-seeking are important barriers for people with mental health problems to obtain adequate professional help. In the context of a large European multilevel research project (OSPI-Europe) a public media campaign about depression and its treatment was conducted in four regions in Europe.

Aims

The campaign aimed to raise awareness about depression and to enhance the willingness and the perceived helpfulness of people to search for professional help.

Methods

The awareness campaign was rolled-out in Leipzig (Germany), Limerick (Ireland), Miskolc (Hungary), and Amadora (Portugal) and lasted for 18 months. In each country a comparable control region was selected. Before and after the intervention a large scale population survey was conducted in each region assessing attitudes toward depression and toward help-seeking.

Results

At baseline respondents showed a moderate degree of personal stigma toward depression and a strikingly higher degree of perceived stigma. Although a substantial majority showed openness to seek professional help, only half of the people perceived professional help as valuable. More negative attitudes were found in Hungary and were associated with male gender, older age, lower educational level and living alone. After the campaign, respondents reported improved mental health and a more positive attitude toward depression. Also, attitudes toward help-seeking were more positive, though this effect emerged in both the intervention and the control region. The intention to seek help remained unchanged. Finally, the campaign had strong effects in Germany but yielded only minor changes in Hungary and Portugal.

Conclusions

The OSPI public campaign was able to change stigmatizing attitudes toward depression and had a positive effect on mental health. Effects on attitudes toward and intention to seek help were less convincing.

The current study received funding from the European Community's Seventh Framework Program (FP7/2007-2013) under grant agreement no. 223138.

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Title

Ethnic differences in suicidal behavior in Belgium at the beginning of the 21st century: suicidal acculturation?

Authors

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Abstract

Background: Suicidal behavior has long been recognized to vary widely between countries. Yet, rates of suicidal behavior do not only vary *between*, but also *within* countries. Gender and socioeconomic differences in suicidal behavior are well established, but the literature on suicidal behavior and ethnic (minority) groups is sparse, particularly in Belgium. Still, today's societies are becoming increasingly multi-ethnic and Belgium is a forerunner in this respect.

Aims: Therefore, this study maps out the occurrence of suicidal behavior (ideation, attempts and completed suicide) across some of the largest ethnic minority groups (Italians, Turks and Moroccans) versus the ethnic majority in Belgium, and verifies whether this association persists after accounting for socioeconomic variables.

Methods: Health Interview Survey data of 2004 and 2008, and census-linked mortality follow-up data for 2001-2011 were used to probe into non-fatal and fatal suicidal behavior respectively. To map out absolute differences by ethnic background, indirect standardization was carried out. To assess relative differences, logistic regression and Cox models were performed. Analyses were restricted to 15- to 64-year-olds.

Results: For all suicidal behaviors (table 1), Belgian men and women have the highest rates; persons from Moroccan/Turkish origin have the lowest rates; and Italians are somewhere in between. When migration generation is considered, the rates of most second-generation groups are higher than those of the first generation. Accounting for socioeconomic determinants, the associations between ethnic background and the different suicidal behaviors attenuated somewhat, but the pattern remained stable.

Conclusion: Although rates are generally lower for ethnic minorities compared to the majority population, the results across migration generations underscore ethnic minorities' increased vulnerability to suicidal behavior over time. Future research should further enhance the understanding of suicidal behavior and its risk and protective factors within different ethnic groups in order to develop tailored policy recommendations.

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Table 1. Indirectly standardized ISMRs for suicidal ideation, suicide attempts and completed suicide by ethnic background (country of origin and migration generation), 95% confidence intervals and number of events

HIS 2004 and 2008								
		Suicidal ideation			Suicide attempts			
Region of origin	Male		Female		Male		Female	
	ISMR per 10,000 (CI)	N ideation	ISMR per 10,000 (CI)	N ideation	ISMR per 10,000 (CI)	N attempts	ISMR per 10,000 (CI)	N attempts
Belgian	12 [11.8 - .8 13.8]	651	16. [15.9 - 9 18.1]	946	3. [3.4 - 4.6] 9	201	6. [5.8 - 7.1] 5	357
Italian	13 [7.0 - .2 19.3]	16	15. [8 . 5 - 1 21.8]	14	3. [0.5 - 7.4] 9	7	5. [1.8 - 9 10.1]	4
Turkish/ Moroccan	6. [3.3 - 6 9.9]	17	7.5 [3 . 5 - 11.4]	20	3. [0.8 - 5.3] 1	5	2. [0.1 - 4.4] 2	8
SEE 2001								
					Completed suicide			
Region of origin		Male			Female			
		ISMR per 1,000,000 (CI)	N deaths	ISMR per 1,000,000 (CI)	N deaths			
Belgian	Total	40. [39.3 - 1 40.9]	8858	15. [15.1 - 6 16.1]	3404			
Italian	Total	26. [23.9 - 6 29.3]	367	8.7 [7 . 1 - 10.4]	103			
	Italian 1 st generation	15. [11.0 - 9 20.6]	42	6.1 [2 . 7 - 9.5]	14			
	Italian 2 nd generation	29. [26.0 - 1 32.3]	325	9.4 [7 . 5 - 11.2]	89			
Turkish	Total	16. [12.7 - 3 19.9]	78	6.8 [4 . 4 - 9.2]	27			
	Turkish 1 st generation	12. [7.8 - 6 17.4]	28	3.3 [0 . 6 - 5.9]	6			
	Turkish 2 nd generation	19. [14.4 - 6 24.8]	50	9.8 [6 . 1 - 13.4]	21			
Moroccan	Total	16. [14.0 - 7 19.4]	145	6.1 [4 . 3 - 7.8]	41			
	Moroccan 1 st generation	8.1 [5.4 - 10.8]	36	6.2 [3 . 4 - 9.0]	20			
	Moroccan 2 nd generation	25. [21.1 - 7 30.3]	109	5.9 [3 . 7 - 8.2]	21			

Data source: Belgian Health Interview Survey, 2004 & 2008 and Belgian 2001 census linked to National Register (2001-2011) based on a 100% sample of ethnic minorities and an 80% sample of majority population

BAPH workshop: Public Mental Health and Suicide

Abstract

Persons who attempted suicide in Brussels: characteristics, intake in emergency units and reference to specialised mental health care

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Background. Suicide is an important mental health problem in Belgium. The risk of recidivism is lower in patients who received a psychiatric consultation and those who were referred to specialised mental health care.

Aims. To describe the characteristics of persons who attempted suicide in Brussels, and their intake and reference in emergency units in Brussels hospitals.

Methods. During one year, all referrals of persons who attempted suicide to at least 5 hospitals in Brussels (convenience sample) will be included in the study. Patient selection will be based on the WHO definition of a suicide attempt. Patients' characteristics will be collected with a questionnaire, preferably by psychiatrists or psychologists. Data will not only be analysed with descriptive statistics. Associations between patient characteristics on the one hand and intake and referral on the other will also be analysed with bivariate and multivariate analyses.

Results. The study will investigate the socio-demographic and clinical characteristics of persons who attempted suicide, characteristics of the attempt, their suicidal motives and intention, as well as whether they receive a psychosocial evaluation by a psychiatrist and the type of specialised mental health care they are referred to.

Conclusion / Discussion. The current study facilitates the development of a local suicide prevention policy.

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The study was commissioned and financed by Innoviris.

Title: Suicidal feelings and attempts among HIV/AIDS positive sub-Saharan African Migrant women in Belgium: a qualitative study

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Introduction: Globally, suicide is a major public health problem and should be given high priority especially. In Belgium about seven cases of successful suicides are reported daily. Suicidal feelings are not uncommon among people with diverse psychosocial issues or diagnosed with chronic and incurable diseases like cancer, mental health issues and HIV. There is dearth of research on suicidal ideation and attempts among Africans with HIV/AIDS. This paper examines suicidal feelings and attempts among HIV-infected sub-Saharan African migrant women (SSA) in Belgium.

Methods: We conducted a qualitative research consisting of interviews and observations. Participants were recruited through purposive and snowball sampling techniques if from SSA, females, >18 years and diagnosed HIV positive for more than 3 months and receiving treatment and care in Belgium. Data collected included demographics, pre-HIV diagnosis knowledge and post-HIV life. Thematic analysis was used to analyze data. The study was approved by the Ethics Committees of the Universitair Ziekenhuis Brussel and the Internal Review Board of the Institute of Tropical Medicine, Antwerp, Belgium.

Results: 44 women were interviewed. 25 of the 44 reported having seriously contemplated or attempted suicide because of shame, guilt, blame, stigma and discrimination, fear and uncertainty since diagnosed HIV positive. Many of those who reported suicidal feelings/attempts did not indicate seeking any type of mental health services. Participants also indicated intermittent periods of depression and anxiety. A relationship between suicidal ideation and awareness of successful suicide of others was found among participants. No timeline for suicidal thoughts was mentioned by participants.

Conclusions: Our findings highlight high prevalence of suicide ideation or attempts among HIV-infected SSA migrant women. Understanding the relationship between the outcomes of stigma and discrimination and suicidal ideation may contribute to a holistic care of HIV-infected women. Assertive interventions to reduce suicidal feelings and attempts among SSA women and other people living with chronic illnesses early in their disease trajectory should be redesigned. Future research should examine suicidal predictors and mental health service seeking behaviour among people with HIV/AIDS.

Keywords: Suicidal ideation/feelings, Stigma and discrimination, Depression, Anxiety, HIV/AIDS

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Universitair Ziekenhuis Brussel

PSYCHIATRIE

Alcohol use disorders and suicide risk

Abstract for BAPH workshop June 1st 2015 Brussels

In the last decade, nearly one third of the admissions to the psychiatric ward of the UZ Brussel are related to Alcohol Use Disorder. In 18.40% (16.16 - 22.22%) of these patients a suicide attempt is the reason for the hospitalization. Research ⁽¹⁻²⁾ has demonstrated that 40% of patients who seek treatment for a substance abuse disorder have a history of suicide attempts. We can therefore assume that among the patients with AUD which are not admitted for a suicide attempt, an increased risk of suicide is present, however.

There are several factors known that affect this risk.

A protocol will be proposed to screen all patients on these factors. On the patients with an increased risk, a module will be offered with educational and preventive elements.

¹ Conner KR, Beautrais AL, Conwell Y. Risk factors for suicide and medically serious suicide attempts among alcoholics: analyses of Canterbury suicide project data. *J Stud Alcohol Drugs*. 2003; 64:551–554.

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ABSTRACTS

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Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behavior: Results of the OSPI-Europe intervention in four European countries

Coppens, Evelien; Van Audenhove, Chantal; and the OSPI consortium

Background

Community facilitators (CFs), such as teachers, nurses and social workers, are well placed as gatekeepers for depression and suicidal behavior but not properly prepared to provide preventive and supportive services.

Aims

The current study aimed: (1) to improve CFs' attitudes toward depression, knowledge on suicide, and confidence in dealing with suicide in four European countries and (2) to identify specific training needs across regions and CF groups.

Methods

A standardized training program was provided to 1276 CFs in Germany, Hungary, Ireland, and Portugal. Attitudes toward depression, knowledge about suicide, and confidence in identifying suicidal persons were assessed before training, after training, and at three to six months follow-up.

Results

At baseline, CFs showed relatively favorable attitudes toward depression, but limited knowledge on suicide, and little confidence in dealing with suicide. Basic skills strongly differed across CF groups and countries. For example, in Germany, carers for the elderly, nurses, teachers, and managers were most in need of training, while in Portugal pharmacists and the clergy appeared to be important target groups. Most importantly, the training program improved the competencies of CF groups across countries and these improvements were sustained after three to six months. CFs with low basic skills benefited most of the training.

Conclusions

Gatekeeper trainings in community settings are successful in improving knowledge, reshaping attitudes, and boosting the confidence of gatekeepers. The most effective strategy to achieve the preferred objectives is to target those CF groups that are most in need of training and to tailor the content of the training program to the individual needs of the target group.

The current study received funding from the European Community's Seventh Framework Program (FP7/2007-2013) under grant agreement no. 223138.

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The Epidemiological Use of Hospital Data for Suicide Surveillance in Belgium

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Background

All over the World, suicide remains a social and public health problem. In Belgium, the standardized death rate is higher than the European average (15.98 deaths per 100000 people vs. 13.82 deaths per 100000 people). Belgium is therefore in the top ten of the countries having a highest rate of suicide. Since a number of years in Belgium, the suicide is the seventh cause of death among all ages. Within the 25-44 years group, it is the first cause of death and within the 15-24 years group, it is the second cause. The Minimal Clinical Dataset (RHM) is a standardized and concise summary of the patient's medical record that general hospitals are required to register since 1990. Too few epidemiological studies have investigated, in Belgium, the epidemiology of suicide and self-inflicted injuries from the E codes reported in the RHM, nor patient characteristics, the methods and means employed, and even less the cost associated to these types of injuries.

Aims

To investigate the external causes related to self-inflicted injuries through prevalence, patient characteristics, methods and means employed and the hospital stays' characteristics; and compare them with the others E codes encountered in a sample of data from the RHM.

Methods

Retrospective analytical study based on the 2010 data of 13 Belgian hospitals with a sample of 16406 stays with a least an E code (ICD-9-CM). Pearson's chi-square, simple logistic regressions and Wilcoxon rank sum tests were used to assess the variations between distributions of the investigated factors according to the injury's groups.

Results

Among all the E codes, prevalence of self-inflicted injury was equal to 10.6%. The poisoning was the major reported diagnosis. There were significantly more discharges without consent in the suicide group than in the other. The length of stay was lowest in the suicide group compared to the others E codes group. The several median costs were always highest among the men, but, regarding the median percentage of the pharmaceutical products, the value was highest among the women

Conclusion

The epidemiological use of hospital data is complementary to the use of both the population-based data and the death certificates; each data source participating to a better comprehension and a better surveillance of the complex continuum of suicidality

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Improving care of persons who attempted suicide in Brussels: perspectives of heads of emergency and psychiatry units

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Introduction: Suicide rate in Belgium is among the highest in Europe. Persons who attempted suicide are often referred to the emergency unit of a hospital. Research has shown that the risk of recidivism is lower in patients who received a psychiatric consultation during hospitalization and those who were referred to specialised mental health care services after hospitalization.

Objectives: To describe the barriers to optimal care of persons who attempted suicide as perceived by the heads of emergency and psychiatry units in the Brussels' hospitals.

Aims: The study results will be used to improve the quality of care for persons who attempted suicide.

Methods: All heads of the two units in all hospitals in Brussels-Capital Region (total sample) were contacted for participation in the study. Data on their perspective was obtained by means of semi-structured interviews, using a topic list developed on the basis of literature and discussion with an emergency physician and a psychiatrist. **Results:** We will present intake and referral procedures, bottlenecks in care provision and barriers to quality care as perceived by these emergency physicians and psychiatrists. **Conclusion:** Findings will be discussed, suggesting ways to improve care, including referral, by emergency and psychiatry units of persons who attempted suicide.

The study was commissioned and financed by Innoviris, the Brussels Institute for Research and Innovation.

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Thematic area

Mental and physical health: Integrated care and/or collaborative care

